



STATE OF MARYLAND

DHMH

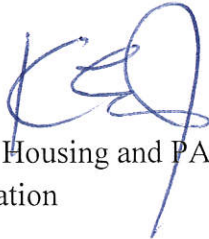
Maryland Department of Health and Mental Hygiene  
Mental Hygiene Administration • Spring Grove Hospital Center • Dix Building  
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein M.D., Secretary

Brian M. Hepburn, M.D., Executive Director

## MEMORANDUM

TO: Core Service Agency Directors  
PATH Core Service Agency Contract Monitors  
PATH Providers

FROM: Keenan E. Jones, M.A.   
Director, Shelter Plus Care Housing and PATH Programs  
Mental Hygiene Administration

DATE: Thursday, April 25, 2013

RE: FFY 2013 (SFY 2014) PATH Request for Applications

This is to inform you that the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has released its FFY 2013 PATH Request for Applications (RFA). Below please find important information about the application process and changes for FFY 2013 (SFY2014).

In FFY 2013 (SFY 2014), the federal budget for the PATH program is \$58,527,000 (a 5% decrease from FFY 2012). This decrease has resulted in a variety of budget reductions for the States and Territories. Maryland's PATH allocation has decreased by \$76,000.00 (5.9%). Maryland's PATH FFY 2013 (SFY 2014) allocation is **\$1,205,000.00** and the required match (\$1 for every \$3) is \$401,667.

In response to the cuts, the Mental Hygiene Administration (MHA) had to reduce the eligible award amount for several jurisdictions. I will be sending out a separate email to the Core Service Agencies with information on the allocated award amount for FFY 2013 (SFY 2014) for your jurisdiction. The following documents are included in this packet:

- PATH FFY 2013 Eligible Activities
- SAMHSA's Goals and Priorities – Funding Opportunity Description
- PATH FFY 2013 Intended Use Plan format
- PATH FFY 2013 Line-Item Budget and Detailed Budget Narratives
- Public Health Service Act
- Appendix I- Addressing Behavioral Disparities
- Appendix J- Guidelines for Consumer and Family Participation



Please submit your application (Intended Use Plan) using the format provided. **Please note that the format and some of the requirements has changed this year.** It is important that you adhere to the formats provided for funding consideration. Priority for funding will also be given to those applicants that are seeking funding to provide services consistent with SAMHSA's goals and priorities. Please send all documents: Intended Use Plan (IUP), Line-Item Budget and Detailed Budget Narratives electronically to me at [Keenan.jones@maryland.gov](mailto:Keenan.jones@maryland.gov) by **Friday, May 17, 2013 by the close the business (COB)**. If you have any questions or need technical assistance in completing the application, please contact me at (410) 402-8350. Thank you for your continued support and interest in providing PATH services to individuals who are homeless or at risk of homelessness who have a mental illness.

Enclosures

Cc: Marian Bland

Darren McGregor

## **PATH Eligible Activities**

States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands are eligible to apply for grants under the PATH Program. Section 522 of the Public Health Services Act requires states to utilize funding for making grants to political subdivisions of the State, and to nonprofit entities. A State match of not less than \$1 for each \$3 of Federal PATH funds is required. The State can match the funds directly or through donations from public or private, non-Federal contributions.

The State Mental Hygiene Administration will provide federal PATH funds for the following activities eligible under the PATH Program.

- Outreach services
- Screening and diagnostic treatment services
- Habilitation and rehabilitation
- Community mental health services
- Alcohol and drug treatment services for those with co-occurring disorders
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services
- Case management
- Representative payee services if the individual is receiving aid under Title XVI of the Social Security Act, receiving case management services, and the PATH provider is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings
- Referrals for primary health services, job training, educational services, and relevant housing services
- Housing as specified in Section 522 (b) (10) of the Public Health Service Act, including:
  - Minor renovation, expansion, and repair of housing
  - Planning of housing
  - Technical assistance in applying for housing assistance
  - Improving the coordination of housing services
  - Security deposits
  - Cost associated with matching eligible homeless individuals with appropriate housing situations
  - One-time only rental payments to prevent eviction

**PATH Eligible Activities**

1. Core service agencies and other nonprofit agencies requesting funding for housing services specified under Section 522 (b) (10) must offer case management and/or other services to ensure that consumers receive the support to secure and maintain housing.
2. Not more than 20% of the States award may be used for housing services. The State will not allow core service agencies and nonprofit agencies to use more than 20% of their grant award on housing services.
3. No more than \$500 can be used for minor renovations, expansion, and repair of housing of rental units occupied by consumers who are at imminent risk of becoming homeless and have a serious mental illness. Only one award can be made on behalf of a consumer per year. The consumer must have atleast an one-year lease for the property being renovated or repaired. Documentation must be provided to the Core Service Agency and must be made available during an audit and/or site visit by the Mental Hygiene Administration.
4. Security deposits payments of up to 2 months rent may be made for consumers who are homeless and have a serious mental illness, in order to secure permanent housing, i.e. Section 8 or other independent housing. Support must be provided to assist consumer in securing housing by the PATH program and/or other agency.
5. One-time rental payments to prevent eviction may only be used for consumers who have a serious mental illness, are residing in a rental unit, and is at imminent risk of becoming homeless (being evicted within 30 days). Documentation of eviction must be provided and maintained in a consumer file. The consumer must be able to pay subsequent rental payments. One-time only rental payments cannot be used for consumers who own their housing or to prevent foreclosure. Only one payment can be made on behalf of the consumer during the grant period.
6. Rental payments cannot be made to emergency shelters.
7. PATH funds may not be used for utility assistance, to pay turn-off notices, to pay for application fees, or rental assistance other than to prevent an eviction.

## **I. FUNDING OPPORTUNITY DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2013 Projects for Assistance in Transition from Homelessness (PATH) grants. PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Since 1991, PATH has funded the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The goal of the PATH Program is to reduce or eliminate homelessness for individuals with serious mental illnesses or co-occurring serious mental illness and substance use disorders who are homeless or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including street outreach, case management and services which are not supported by mainstream mental health programs.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities by improving the quality and availability of substance abuse prevention, alcohol and drug abuse treatment, and mental health services. In order to achieve this mission, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalize on emerging opportunities. These initiatives will streamline SAMHSA's efforts and maximize the impact of our resources on areas of urgency and opportunity. This will also enable SAMHSA to shift its programs to better complement the changing policy landscape resulting from the Affordable Care Act and Mental Health Parity Act. Housing and homelessness resides in SAMHSA's Recovery Support Strategic Initiative. This initiative includes objectives designed to provide housing and reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless. SAMHSA's Military Families Strategic Initiative outlines SAMHSA's dedication to improving the behavioral health of the Nation's military service members, veterans, and their families. These Initiatives can be viewed at <http://www.samhsa.gov/about/strategy.aspx>.

PATH grants are authorized under Section 521 et seq. of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-28.

### **2. EXPECTATIONS**

PATH funds are distributed to each state, the District of Columbia, Puerto Rico, and four U.S. Territories, so that they may, in turn, make grants to local, public or non-profit organizations to provide a variety of legislatively authorized services. States are

expected to fund organizations in areas with the highest concentration of people who are literally homeless.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF> for further information, including the four dimensions of recovery, and 10 guiding principles. SAMHSA requires that grantees demonstrate that people with lived experience (including consumers/peers/people in recovery, youth, and family members) are directly involved in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans particularly in the context of health reform, and to help to clarify these concepts for those applying for funding, providers, grantees, peers/people in recovery, families, and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible. Grantees are also expected to address the four dimensions of recovery (health, home, purpose, and community) to the greatest extent possible in their project design and service delivery.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND). Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

### **Health Disparities**

In accordance with the disparity-focused provisions of the Affordable Care Act, SAMHSA encourages the use of PATH dollars to support the reduction of disparities in access, services provided, and behavioral health outcomes among its diverse

subpopulations. Grantees are encouraged to collect and utilize data to: (1) identify subpopulations (i.e., racial, ethnic, limited English speaking, tribal, sexual/gender minority groups, and people living with HIV/AIDS or other chronic diseases/impairments) vulnerable to health disparities and (2) implement strategies to decrease the disparities in access, service use, and outcomes both within those subpopulations and in comparison to the general population. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov> (See Appendix I)

In October 2011, in accordance with section 4302 of the Affordable Care Act, HHS issued final standards on the collection of race, ethnicity, primary language, and disability status (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>). This guidance conforms to the existing OMB directive on racial/ethnic categories with the expansion of intra-group, granular data for the Latino and the Asian-American/Pacific Islander populations.

## **2.1 PATH-eligible services are the following:**

- Outreach services;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services including recovery support services, such as peer specialist/recovery coaches;
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
  - Preparing a plan for the provision of community mental health services to eligible homeless individuals involved, and reviewing such plan not less than once every 3 months;
  - Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, peer support services, personal financial planning,

transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;

- Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
- Referring eligible homeless individuals for such other services as may be appropriate; and
- Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act (42 U.S.C. 1381(a)(2)) if eligible homeless individuals are receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services;
- Supportive and supervisory services in residential services;
- Referral for primary health services, job training, educational services, and relevant housing services; and
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act, including:
  - Minor renovation, expansion, and repair of housing;
  - Planning of housing;
  - Technical assistance in applying for housing assistance;
  - Improving the coordination of housing services;
  - Security deposits;
  - Costs associated with matching eligible homeless individuals with appropriate housing situations; and
  - One-time rental payments to prevent eviction.

Although PATH funds can be used to support the above array of services, applicants are encouraged to use PATH resources to fund street outreach, case management and services which are not financially supported by mainstream behavioral health programs.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

## **2.2 Data Collection and Performance Measurement**

All PATH programs are encouraged to use the Homeless Management Information System (HMIS) within the next 1-3 years for tracking PATH data. This will enable SAMHSA to report reliable and consistent client- and aggregate-level data on the performance of the PATH program.

SAMHSA will continue to partner with the U.S. Department of Housing and Urban Development (HUD) to support states and providers in meeting this goal. This support will include such activities as training and technical assistance. PATH providers will have flexibility to use PATH funds to support HMIS activities. To facilitate the use of HMIS, states and providers should:

- Submit a timeline for fully migrating all providers to HMIS over the next 1-3 years;
- Identify technical assistance needed to complete migration;
- Fully participate in HMIS technical assistance and training activities;
- Facilitate flexible use of PATH funds to support HMIS activities;
- Connect with Continuums of Care to facilitate data migration; and
- Work with local HMIS administrators to incorporate PATH data fields into HMIS.

**During this transition period, states and providers will continue to use the current PATH web-based data collection system for reporting data to SAMHSA.**

## **2.3 Grantee Meetings**

Grantees must plan to send the PATH State Contact to the SAMHSA Homeless Programs Annual Grantee meeting. A detailed budget and narrative for this travel must be included in the budget section. This 4-day meeting will be held in the Washington, D.C., area and attendance is mandatory.

# **II. AWARD INFORMATION**

The PATH Program will distribute approximately \$58.527 million to states and territories. The awards will range from \$50,000 to \$8.496 million total (direct and

\_\_\_\_\_ *(insert region) Projects for Assistance in Transition from  
Homelessness (PATH) Intended Use Plan  
Federal Fiscal Year 2013 (State FY 14)*

**Local Provider Description**

- Provide a brief description of the provider organization receiving PATH funds including name, type of organization, region served, and the amount of PATH funds the organization will receive.

**Collaboration with HUD Continuum of Care Program**

- Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

**Collaboration with Local Community Organizations**

- Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

**Service Provision**

- Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
  - a. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
  - b. Describe any gaps that exist in the current service systems.
  - c. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.
  - d. Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

### **Data**

- Describe the provider's status on HMIS migration and a plan, with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS and PATH services, please describe plans for continued training and how you will support new staff.

### **SSI/SSDI Outreach, Access, Recovery (SOAR)**

- Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2012 (2011-2012), the number of PATH funded consumers assisted through SOAR, and the approximate number of staff to be trained in SOAR for grant year 2013 (2013-2014).

### **Access to Housing**

- Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

### **Staff Information**

- Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities in use of the recently revised national Cultural and Linguistically Appropriate Services (CLAS) standards: (<http://www.ThinkCulturalHealth.hhs.gov>).

### **Client Information**

- Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

### **Consumer Involvement**

- Describe how individuals who are homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

**Budget Narrative**

- Provide a budget narrative that includes the local-area provider's use of PATH funds. See the examples on the next page.

**State Goals**

- Indicate at least three outcome goals you will use to measure the effectiveness PATH funded services (State Requirement).

**Please type your Intended Use Plan (IUP) in Times Roman 12 font because it's easier to read.**

**MARYLAND PATH FFY 2013 (SFY 2014) ALLOCATION:  
LINE ITEM BUDGET FORM**

<b>AGENCY/PROGRAM:</b>
<b>LOCATION OF PROGRAM:</b>
<b>FEIN:</b>
<b>FEDERAL PATH AWARD:</b>
<b>MATCH DOLLAR CONTRIBUTION:</b>
<b>TOTAL BUDGET:</b>

BUDGET CATEGORIES:	FEDERAL DOLLARS:	MATCH DOLLARS:	TOTAL EXPENDITURES:
(A) PERSONNEL			
(B) FRINGE/BENEFITS (25%)			
(C) TRAVEL			
(D) EQUIPMENT			
(E) SUPPLIES			
(F) CONTRACTUAL			
(G) CONSTRUCTION	\$0.00	\$0.00	\$0.00
(H) OTHER			
(I) TOTAL DIRECT CHARGES			
(J) INDIRECT CHARGES			
(K) TOTALS			

**PATH SERVICES ARE NOT MEDICAID BILLABLE**

## Detailed Budget Narrative Format for FFY 2013 SFY 2014

Pre pare a separate budget narrative that provides further detail regarding PATH Federal and match (i.e., state and local) funds requested for each object class category. See Examples A and B below for the level of detail to include in the budget for each local provider agency.

Grant funds may only be used for expenses necessary to carry out PATH eligible services.

### Example A Provider #1

Position	Annual Salary	PATH-funded FTE	PATH-funded Salary	State Match Dollars	Local Match Dollars	Total
Caseworker						
Clinic Support Assoc						
Counselor						
Resource Specialist						
Outreach worker						
Subtotal						
<b>Fringe Benefits (25%)</b>						
Subtotal fringe						

<b>Travel</b>							
Local travel for outreach team							
Travel to training, workshops, and Statewide meetings							
Subtotal							
<b>Equipment (List Individually)</b> Note: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year.							
Computer							
Printer							
<b>Supplies</b>							
Office Supplies							
Client-related supplies							
Subtotal							
<b>Contractual</b>							
<b>Construction</b>							

Other							
One-time housing rental assistance							
Client transportation							
Subtotal							
Total Direct Charges							
Subtotal							
Indirect Costs							
State Administrative Cost @ 4%							
Subtotal							
Total							

**PUBLIC HEALTH SERVICE ACT**  
**Part C – Projects for Assistance in Transition from Homelessness**

**Sec. 521: FORMULA GRANTS TO STATES**

For the purpose of carrying out section 522 of this title, the Secretary, acting through the Director of the Center for Mental Health Services, shall for each of the fiscal years 1991 through 1994 make an allotment for each State in an amount determined in accordance with section 524 of this title. The Secretary shall make payments, as grants, each such fiscal year to each State from the allotment for the State if the Secretary approves for the Fiscal year involved an application submitted by the State pursuant to section 529 of this title.

**Sec. 522 PURPOSE OF GRANTS**

(a) IN GENERAL B The Secretary may not make payments under section 521 of this title unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing the services specified in subsection (b) of this section to individuals who - (1) (A) are suffering from serious mental illness; or (B) are suffering from serious mental illness and from substance abuse; and (2) are homeless or at imminent risk of becoming homeless.

**(b) SPECIFICATION OF SERVICES:**

The services referred to in subsection (a) of this section are:

- (1) Outreach services,
- (2) screening and diagnostic treatment services;
- (3) habilitation and rehabilitation services;
- (4) community mental health services;
- (5) alcohol or drug treatment services;
- (6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- (7) case management services, including:
  - (A) Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months; (B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
  - (C) Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits; (D) referring the eligible homeless individual for such other services as may be appropriate; and (E) providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act (42 U.S.C. 1383(a)(2)) if the eligible homeless individual is receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services;
- (8) Supportive and supervisory services in residential settings;
- (9) referrals for primary health services, job training, educational services, and relevant housing services;
- (10) subject to subsection (h)(1) of this section -

- (A) minor renovation, expansion, and repair of housing;
- (B) planning of housing;
- (C) technical assistance in applying for housing assistance;
- (D) improving the coordination of housing services;
- (E) security deposits;
- (F) the costs associated with matching eligible homeless individuals with appropriate housing situations;
- (G) 1-time rental payments to prevent eviction; and

(11) Other appropriate services, as determined by the Secretary.

**(c) COORDINATION:** The Secretary may not make payments under section 290 cc-21 of this title unless the State involved agrees to make grants pursuant to subsection (a) of this section only to entities that have the capacity to provide, directly or through arrangements, the services specified in subsection (b) of this section, including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.

**(d) SPECIAL CONSIDERATION REGARDING VETERANS:** The Secretary may not make payments under section 521 of this title unless the State involved agrees that, in making grants to entities pursuant to subsection (a) of this section, the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

**(e) SPECIAL RULES:** The Secretary may not make payments under section 521 of this title unless the State involved agrees that grants pursuant to subsection (a) of this section will not be made to any entity that – has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse; or (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

**(f) ADMINISTRATIVE EXPENSES --** The Secretary may not make payments under section 521 of this title unless the State involved agrees that not more than 4 percent of the payments will be expended for administrative expenses regarding the payments.

**(g) MAINTENANCE OF EFFORT --** The Secretary may not make payments under section 290 cc-21 of this title unless the State involved agrees that the State will maintain State expenditures for services specified in subsection (b) of this section at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

**(h) RESTRICTIONS ON USE OF FUNDS:** The Secretary may not make payments under section 521 of this title unless the State involved agrees that - (1) not more than 20 percent of the payments will be expended for housing services under subsection (b)(10) of this section; and (2) the payments will not be expended - (A) to support emergency shelters or construction of housing facilities; (B) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or (C) to make cash payments to intended recipients of mental health or substance abuse services.

**(i) WAIVER FOR TERRITORIES-** With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.

**Sec. 523 REQUIREMENT OF MATCHING FUNDS (a) IN GENERAL** B The Secretary may not make payments under section 521 of this title unless, with respect to the costs of providing services pursuant to section 522 of this title, the State involved agrees to make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1

for each \$3 of Federal funds provided in such payments.

**(b) DETERMINATION OF AMOUNT:** Non-Federal contributions required in subsection (a) of this section may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

**(c) LIMITATION REGARDING GRANTS BY STATES:** The Secretary may not make payments under section 521 of this title unless the State involved agrees that the State will not require the entities to which grants are provided pursuant to section 522(a) of this title to provide non-Federal contributions in excess of the non-Federal contributions described in subsection (a) of this section.

#### **Sec. 524 DETERMINATION OF AMOUNT OF ALLOTMENT**

**(a) MINIMUM ALLOTMENT:** The allotment for a State under section 521 of this title for a fiscal year shall be the greater of - (1) \$300,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and \$50,000 for each of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands; and (2) an amount determined in accordance with subsection (b) of this section.

**(b) DETERMINATION UNDER FORMULA:** The amount referred to in subsection (a)(2) of this section is the product of- (1) an amount equal to the amount appropriated under section 1935(a) of this title for the fiscal year; and (2) a percentage equal to the quotient of- (A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and (B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (a).

#### **Sec. 525 CONVERSION TO CATEGORICAL PROGRAM IN EVENT OF FAILURE OF STATE REGARDING EXPENDITURE OF GRANTS**

**(a) IN GENERAL --** Subject to subsection (c) of this section, the Secretary shall, from the amounts specified in subsection (b) of this section, make grants to public and nonprofit private entities for the purpose of providing to eligible homeless individuals the services specified in section 522(b) of this title.

**(b) SPECIFICATION OF FUNDS --** The amounts referred to in subsection (a) of this section are any amounts made available in appropriations Acts for allotments under section 521 of this title that are not paid to a State as a result of - (A) the failure of the State to submit an application under section 529 of this title; (B) the failure of the State, in the determination of the Secretary, to prepare the application in accordance with such section or to submit the application within a reasonable period of time; or (C) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State.

**(c) REQUIREMENT OF PROVISION OF SERVICES IN STATE INVOLVED --** With respect to grants under subsection (a) of this section, amounts made available under subsection (b) of this section as a result of the State involved shall be available only for grants to provide services in such State.

#### **Sec. 526 PROVISION OF CERTAIN INFORMATION FROM STATE**

The Secretary may not make payments under section 521 of this title to a State unless, as part of the application required in section 529 of this title, the State submits to the Secretary a statement - (1) identifying existing programs providing services and housing to eligible homeless individuals and identify gaps in the delivery systems of such programs; (2) containing a plan for providing services and housing to eligible homeless individuals, which plan -

(A) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and (B) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;

- (3) describes the source of the non-Federal contributions described in section 523 of this title;
- (4) contains assurances that the non-Federal contributions described in section 523 of this title will be available at the beginning of the grant period;
- (5) describe any voucher system that may be used to carry out this part; and
- (6) contain such other information or assurances as the Secretary may reasonably require.

#### **Sec. 527 DESCRIPTION OF INTENDED EXPENDITURES OF GRANT**

- (a) **IN GENERAL** B The Secretary may not make payments under section 521 of this title unless -
- (1) as part of the application required in section 529 of this title, the State involved submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying pursuant to such section;
  - (2) such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located;
  - (3) such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and
  - (4) the State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to section 522 of this title.

**(b) OPPORTUNITY FOR PUBLIC COMMENT:** The Secretary may not make payments under section 521 of this title unless the State involved agrees that, in developing and carrying out the description required in subsection (a) of this section, the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested persons, such as fly members, consumers, and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

#### **(c) RELATIONSHIP TO STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN**

**(1) IN GENERAL:** The Secretary may not make payments under section 521 of this title unless the services to be provided pursuant to the description required in subsection (a) of this section are consistent with the State comprehensive mental health services plan required in subpart 2 [1] of part B of subchapter XVII of this chapter.

**(2) SPECIAL RULE:** The Secretary may not make payments under section 521 of this title unless the services to be provided pursuant to the description required in subsection (a) of this section have been considered in the preparation of, have been included in, and are consistent with, the State comprehensive mental health services plan referred to in paragraph (1).

#### **Sec. 528 REQUIREMENT OF REPORTS BY STATES**

(a) **IN GENERAL** B The Secretary may not make payments under section 521 of this title unless the State involved agrees that, by not later than January 31 of each fiscal year, the State will prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the Administrator of the Substance Abuse and Mental Health Services Administration) to be necessary for -

- (1) securing a record and a description of the purposes for which amounts received under section 521 of this title were expended during the preceding fiscal year and of the recipients of such amounts; and
- (2) determining whether such amounts were expended in accordance with the provisions of this part.

**(b) AVAILABILITY TO PUBLIC OF REPORTS:** The Secretary may not make payments under section 521 of this title unless the State involved agrees to make copies of the reports described in subsection (a) of this section available for public inspection.

**(c) EVALUATIONS:** The Administrator of the Substance Abuse and Mental Health Services Administration shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

#### **Sec. 529 REQUIREMENT OF APPLICATION**

The Secretary may not make payments under section 521 of this title unless the State involved -

- (1) submits to the Secretary an application for the payments containing agreements and information in accordance with this part; (2) the agreements are made through certification from the chief executive officer of the State; and (3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

#### **Sec. 530 TECHNICAL ASSISTANCE**

The Secretary, through the agencies of the Administration, shall provide technical assistance to eligible entities in developing planning and operating programs in accordance with the provisions of this part.

#### **Sec. 531 FAILURE TO COMPLY WITH AGREEMENTS**

##### **(a) REPAYMENT OF PAYMENTS:**

- (1) The Secretary may, subject to subsection (c) of this section, require a State to repay any payments received by the State under section 521 of this title that the Secretary determines were not expended by the State in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529 of this title.
- (2) If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against the amount of any payment due to be paid to the State under section 521 of this title.

##### **(b) WITHHOLDING OF PAYMENTS:**

- (1) The Secretary may, subject to subsection (c) of this section, withhold payments due under section 521 of this title if the Secretary determines that the State involved is not expending amounts received under such section in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529 of this title.
- (2) The Secretary shall cease withholding payments from a State under paragraph (1) if the Secretary determines that there are reasonable assurances that the State will expend amounts received under section 290 cc-21 of this title in accordance with the agreements referred to in such paragraph. (3) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the agreements referred to in such paragraph. (c) OPPORTUNITY FOR HEARING B Before requiring repayment of payments under subsection (a) (1) of this section, or withholding payments under subsection (b)(1) of this section, the Secretary shall provide to the State an opportunity for a hearing. (d) RULE OF CONSTRUCTION: Notwithstanding any other provision of this part, a State receiving payments

under section 521 of this title may not, with respect to any agreements required to be contained in the application submitted under section 529 of this title, be considered to be in violation of any such agreements by reason of the fact that the State, in the regular course of providing services under section 522(b) of this title to eligible homeless individuals, incidentally provides services to homeless individuals who are not eligible homeless individuals.

## **Sec. 532 PROHIBITION AGAINST CERTAIN FALSE STATEMENTS**

### **(a) IN GENERAL**

(1) A person may not knowingly make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which amounts may be paid by a State from payments received by the State under section 521 of this title.

(2) A person with knowledge of the occurrence of any event affecting the right of the person to receive any amounts from payments made to the State under section 290 cc-21 of this title may not conceal or fail to disclose any such event with the intent of securing such an amount that the person is not authorized to receive or securing such an amount in an amount greater than the amount the person is authorized to receive.

**(b) CRIMINAL PENALTY FOR VIOLATION OF PROHIBITION:** Any person who violates a prohibition established in subsection (a) of this section may for each violation be fined in accordance with title 18 or imprisoned for not more than 5 years, or both.

## **Sec. 533 NONDISCRIMINATION**

**(a) IN GENERAL: (1) RULE OF CONSTRUCTION REGARDING CERTAIN CIVIL RIGHTS LAWS --** For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), on the basis of handicap under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded in whole or in part with funds made available under section 290 cc-21 of this title shall be considered to be programs and activities receiving Federal financial assistance.

**(2) PROHIBITION B** No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under section 521 of this title.

### **(b) ENFORCEMENT: (1) REFERRALS TO ATTORNEY GENERAL AFTER NOTICE --**

Whenever the Secretary finds that a State, or an entity that has received a payment pursuant to section 521 of this title, has failed to comply with a provision of law referred to in subsection (a)(1) of this section, with subsection (a)(2) of this section, or with an applicable regulation (including one prescribed to carry out subsection (a)(2) of this section), the Secretary shall notify the chief executive officer of the State and shall request the chief executive officer to secure compliance.

If within a reasonable period of time, not to exceed 60 days, the chief executive officer fails or refuses to secure compliance, the Secretary may -(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted; (B) exercise the powers and functions provided by the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), as may be applicable; or (C) take such other actions as may be authorized by law.

**(2) AUTHORITY OF ATTORNEY GENERAL:** When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) of this section or in violation of subsection (a)(2) of this section, the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

**Sec. 534 DEFINITIONS:** For purposes of this part:

**(1) ELIGIBLE HOMELESS INDIVIDUAL:** The term "eligible homeless individual" means an individual described in section 522(a) of this title. **(2) HOMELESS INDIVIDUAL B:** The term "homeless individual" has the meaning given such term in section 340(r) of this title. **(3) STATE B:** The term "State" means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. **(4) SUBSTANCE ABUSE B** The term "substance abuse" means the abuse of alcohol or other drugs.

**Sec. 535 FUNDING**

**(a) AUTHORIZATION OF APPROPRIATIONS:** For the purpose of carrying out this part, there is authorized to be appropriated \$75,000,000 for each of the fiscal years 1991 through 1994, 2001 through 2003.

**(b) EFFECT OF INSUFFICIENT APPROPRIATIONS FOR MINIMUM ALLOTMENTS:**

**(1) IN GENERAL --** If the amounts made available under subsection (a) of this section for a fiscal year are insufficient for providing each State with an allotment under section 521 of this title of not less than the applicable amount under section 524(a)(1) of this title, the Secretary shall, from such amounts as are made available under such subsection, make grants to the States for providing to eligible homeless individuals the services specified in section 522(b) of this title.

**(2) RULE OF CONSTRUCTION B** Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

Source: [http://pathprogramarchive.samhsa.gov/pdf/PHS\\_Act\\_Part\\_C%20\\_PATH\\_1.pdf](http://pathprogramarchive.samhsa.gov/pdf/PHS_Act_Part_C%20_PATH_1.pdf)

## Appendix I – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: [http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf).

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** To accomplish this, SAMHSA expects to utilize grantee data to (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities (2) develop disparities impact statements and (3) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. These strategies should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

### Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

### Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at

greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,  
<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

#### **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services

that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at:  
<http://www.ThinkCulturalHealth.hhs.gov>.

## **Appendix J – Guidelines for Consumer and Family Participation**

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below.

**Program Mission** – An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

**Program Planning** – Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

**Training and Staffing** – The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

**Informed Consent** – Recipients of project services should be fully informed about the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

**Rights Protection** – Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

**Program Administration, Governance, and Policy Determination** – Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Board of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

**Program Evaluation** – Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes

determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusion. Consumers and family members should also be involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.